

2-15-06 meeting with Dr. Paul Whitelock, Seton Shoal Creek Medical Director

Gary Moore, Mike Rupp, Lee Spiller and myself met yesterday with Dr. Paul Whitelock, medical director of Seton Shoal Creek Hospital. Paul Whitelock is and has been a psychiatrist for a long time, graduating from Galveston Medical back in the late '60s, working in Austin and Durango, at Shoal Creek just the last few years. He said his specialty is bipolar disorder. He was most gracious with us as we met for over an hour, discussing electroshock and alternatives. He expressed a commitment to review some of ECT literature, particularly the articles Moira had referenced in the document she sent him. I left him with Peter Sterling's testimony on some of the ways ECT obviously and contently must cause brain damage.

Dr. Whitelock acknowledged memory loss; he talked about the old bad days at Galveston when they shocked everybody. He acted as if he did not really know too much re details about shock. He talked in general terms about risks and benefits.

Whitelock is not himself a shock doctor. He said he refers just one or two patients a year, usually someone who remains severely depressed despite all the drug treatments, usually someone who is also suicidal. Although I discussed the research showing that ECT does not lessen suicide risk, he thought that with specific intractable cases it helps, and that it had helped his client. He also described a case in which his client had begged him to have more ECT after sinking again. He talked about maintenance ECT. I tried to clarify our different perspectives on this--mine being failed treatment, his being the progression of the disease--without success. I also talked about the inevitable grief that goes with not being able to help someone. He seemed to really want to have ECT in his armamentarium. He sees maintenance ECT as analogous to maintenance drug treatment. For Whitelock, mental illness is most definitely a brain disease.

We brought up the subject of ECT as a revenue stream for the hospital and talked about our vision of an alternative or two--particularly Shoal Creek as a model of assessment of physical medical factors that often result in psychiatric symptomatology.

Whitelock surprised us with his determined assertion that Shoal Creek does not make money on shock, that they do it just because the community of doctors wants it. He did acknowledge that a few docs make a little off it. All ECT is done on an outpatient basis. I suggested that if we could help him with an excuse or justification to end an unprofitable component of their program, we would be happy to help. He assured me their decision would not be based on money.

We talked about how psychiatric times have dramatically changed in some

ways. A decade ago, people stayed a Shoal Creek for a pretty good while, often a month or 2 or even more. He told us the average length of stay is now 5.2 days, that the patients are more "sick, and that there is a complete disconnect between inpatient and outpatient providers. There are no more visiting priveleges; all inpatient services are provided by hosptial staff. According to Whitelock, another change in the psychaitric times is the "bundling" of charges, meaning that the hospital gets the same reimbursement regardless of services offered...sounds like a serious disincentive for genuine alternatives. Interestingly, Austin State Hospital ended their psych residency program, and Shoal Creek picked it up.

I clarified that our position remains that simply by doing electroshock, they are violating their mission statement. Before we left, I repeated our obvious agenda, and that as we proceed with our effort, having a press conference or whatever, to please understand that it was not personal against him, and that we are always open to ongoing dialogue. He assured me that he understood.

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